

V. S. No. 2
00M-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 6 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37655

State File No.

Registration District No. ~~449~~ 184

Primary Registration District No. ~~4294~~ 13038

Registrar's No. 222

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Bucklin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 2 mo. (Specify whether years, months or days)

In this community 2 mo.

3. (a) PRINT FULL NAME BENJIMAN O. HARDINGER

3. (b) If veteran, name war.

3. (c) Social Security No.

4. Sex Male **5. Color or race** White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife.

6. (c) Age of husband or wife if alive. years

7. Birth date of deceased. Aug 18 1874
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>2</u>	<u>23</u>	hr. min.

9. Birthplace. New Boston Mo - (1)
(City, town, or county) (State or foreign country)

10. Usual occupation. Farming

11. Industry or business. Farming

MOTHER FATHER

12. Name. Jacob Hardinger

13. Birthplace. Knox Co, Ohio
(City, town, or county) (State or foreign country)

14. Maiden name. Elna J. Yates

15. Birthplace. Cassatotn Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant. Paul E. Hardinger

(b) Address. 1808 Ave. J. 7th Madison Gas

17. (a) Burial. (b) Date thereof Nov 13, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Princ. Cem.

18. (a) Signature of funeral director. Foreign Funeral Service

(b) Address. Bucklin Mo

19. (a) Nov 12, 1946 (b) Walter B. Cowin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn ⁵⁸

(c) City or town Bucklin
(If outside city or town limits, write "RURAL") ⁰

(d) Street No. (If rural, give location) ⁰

(e) Citizen of foreign country? No (Yes or No)

If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11
year 1946 hour 9 minute 20 a. M.

21. I hereby certify that I attended the deceased from 11/11, 1946 to 11/11, 1946
that I last saw h. never alive on never saw him before 11/11, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94A

Of autopsy.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury 2

23. Signature W. B. Cowin (M. D. or other) DO.

Address Bucklin, Mo Date signed 11/12/46

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

36475

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DISTRICT HEALTH OFFICE
Cameron, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *E. A. Larson*.....
Licensed Embalmer No. *4037*.....
P. O. Address. *Ducklin, Mo.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.